

# Nurse Corps Newsletter

*"Honored as a Nurse, Respected as an Officer"*



## Nurse Corps News Staff

**Editor in Chief:** LCDR William Westbrook

**LT Randi Acheson (AC)**

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**LT Ronald Rollon (RC)**



Please take a moment to watch the US Navy Surgeon General's message regarding the Delta Variant of COVID-19.

Get the latest information from the CDC about COVID-19 at [www.cdc.gov](http://www.cdc.gov)

<https://www.youtube.com/watch?v=MSM8j0w0-30>

Use the interactive links to:



- Email the News Team
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# DIRECTOR'S MESSAGE

A Message from the Nurse Corps Director

## Cynthia Kuehner, RDML, NC, USN

**Transition.** Every summer brings about transition for so many in the Navy. It is PCS season all over the globe. Children leave the old school year behind and gear up for the new one. Graduations, weddings, vacations, and family reunions fill calendars. Family compositions change – some get bigger, some get smaller.

Years ago, there was a focus on “transition” being a common feature in suicidal behavior. Sometimes the stress associated with transition can be too much for a single person to manage. Even welcome events, like holidays, visiting family, getting a promotion, a new relationship, etc....cause a lot of stress! When your list of stressors is long the effects can be compounded. Being prepared for transition can make all the difference. Having solid Shipmates, family, and friends available to you will always help you succeed.

I had the wonderful opportunity last month to witness a significant “transition” of one of our leaders in Navy Medicine. **CAPT Dixie Aune**, immediate past CNO at NMRTC, Portsmouth, VA asked me to speak at her retirement ceremony to celebrate her more than 30 years of service to our Navy and Nation. It was a great opportunity to re-connect with friends and honor one of our long-serving Shipmates with all of the ceremony and tradition she deserved. I was inspired meeting Dixie’s parents, all three of her children, and her husband, and I was filled with joy to both hear and share stories of love and laughter.

CAPT Aune and I started our careers in the Navy at OIS together in 1991 as Ensigns. Neither of us could have predicted that 30+ years later, we would still be “in.” Following the formal ceremony, attendees were mingling, laughing, sharing fond memories, and I happened upon a group of Ensigns that CAPT Aune had invited to participate in her retirement events. I was so excited to chat with them - even for a few minutes. They were all ODS classmates, assigned to different units in the hospital, and each was experiencing transition, into the profession of Navy Nursing.

I was thinking to myself how wonderful it was that they got to witness the culminating celebration of their CNO’s career, when one of the Ensigns gave me even more to think about. She remarked, glancing at her ODS Shipmates in the group, “Wow! I am just amazed to see how so many of you have come all this way, and you’re still in contact and still connected as friends...” She seemed genuinely excited by the possibility! I smiled in response, delighted



by her observation, remembering being an Ensign and my early days as a Navy Nurse.

Transition is a way of life in our Navy. Our time in the Navy will challenge each of us to be sure. I smiled at the Ensign’s observation because I knew that in the moment, she could see a bright future – one in which Shipmates, colleagues, family, and friends remain available and supportive, across the years, through transition, for as long as a career in the Navy lasts (and beyond)! I smiled too because I know, I wouldn’t have wanted to stay “in” any other way!

As summer continues, (stay cool and well-hydrated), think about your own transitions, your preparation, and the Shipmates, colleagues, family, and friends you can count on....for life! I will end this edition with a special shout out to our Ensigns! Thank you for transitioning “in.” It’s a great place to be, and we need each and every one of you! Happy Summer!

### Navy Nurse Corps All Hands Admiral's Call

**August 3, 2021**

**0800 - 0900 EST // 1800 - 1900 EST**

On behalf of RDML Cindy Kuehner and the Nurse Corps Senior Leadership Team -  
You are cordially invited to connect with us!!

The Dial-in and Participant Passcodes are the same for both sessions.  
There are 500 available ports for each session.

**Dial in: (212) 287-1643 or (888) 946-4309  
Participant Passcode: 2768787**

*For security reasons the passcode will be required to join the call*

Callers are placed in “*listen only mode*” until Q/A session begins.  
Instructions will be provided during the call.  
Both sessions will be recorded and available for 30 days.

POC for Coordination: CAPT Julie Darling

# DEPUTY DIRECTOR'S MESSAGE



A Message from the Nurse Corps Deputy Director (Reserve Component)

**Eric Peterson, RDML, NC, USN**



Good mid-summer to the finest Nurses in the world!

I am continually impressed with the professionalism, dedication and caring that you display every day in your civilian and U. S. Navy roles. You not only engage in professional development for yourselves and your peers, but most importantly you train our Corpsmen. Training for all Corps is the key to our readiness and care for our war fighters. Nurse Corps officers must remain personally and professionally ready in order to support the Surgeon Generals priorities, “People, Power, Platforms and Performance!” When we do this, we set the benchmark for our Corps and for our junior Sailors as we mentor and train in order to meet mission and support operational platforms.

We are back to drilling together on Drill Weekends and performing Annual Training. Please take advantage of this time together to evaluate your readiness posture. Please evaluate the posture of your peers, and your unit personnel.

Do you and they know their mobilization billet and the training requirements for that billet? Do you and they have a complete seabag? Are you medically ready or do you have issues that need follow-up? Are your credentials in your specialty in order? Does your Annual Training support war fighter readiness, unit readiness, and individual readiness? If not, do you understand how your role supports the warfighter and their loved ones? ALL of our medical specialties are important and DO support the warfighter in some manner. I would ask that you continually look towards our nation’s posture and readiness in this era of near peer competition and ask yourself “Are we ready? Am I ready?”

If the answer is no, then there is work to be done for yourself and your shipmates, embrace this for the good of all.

Finally, I want to thank CAPT Karen Morgan, our Nurse Corps Reserve Affairs Officer (RAO). She will be retiring in September. She has made many contributions to Navy nursing and been invaluable as the RAO. Her knowledge, dedication, and professionalism to Navy nursing and the profession of nursing has been something to emulate. Congratulations CAPT Morgan on a well-deserved and earned retirement and enjoy!

I also want to congratulate and welcome to CAPT Kelly Fox as our incoming RAO. They will be doing a turnover in the next few months. I look forward to seeing you out on the deck plates supporting our war fighters. As always, stay safe, and take care of yourselves and your families!

RDML Eric L. Peterson

Deputy Director, Reserve Nurse Corps

# Naval Medical Forces Atlantic



**Elisabet Prieto  
CAPT, NC, USN**

Regional Chief Nursing Officer,  
Naval Medical Forces Atlantic

## Greetings from NMFL!

### I am the new regional CNO.

As a brief introduction, I am a Pediatric Nurse Practitioner by training and a science fiction geek by choice! **CAPT Jeff Johnson**, who was my phenomenal predecessor is now at Pacific at NMRTC San Diego doing his usual amazing things for the Nurse Corps and Navy Medicine. He left me set up well for success! Thank you CAPT Johnson!

It's been a year since our last update from NMFL after transitioning officially from Navy Medicine East to Naval Medical Forces Atlantic. A lot has happened since our last update including a whirlwind year of COVID and all of the challenges and opportunities that this pandemic has afforded all of us! NMFL provided on-going support on multiple levels of this effort all while maintaining our mission to provide the best care possible to our patients via the MTF. Most of our NMRTCs at NMFL provided support to COVID relief

and immunization DSCA missions. Many of our CNOs served in leadership roles during those missions and an amazing amount of rewarding work was done by our nurses and Corpsmen. We continue to focus on KSA development and tracking with significant improvements in our region with compliance of the resuscitative medicine requirements up from 23.4% to 70.3% across the Region as reported in FLTMPS! **CAPT Susan Union** is leading the Tri-Service KSA Nursing Work Group that includes several members from our CNS community and great progress is being made.

We had/have many departures and retirements from the CNO community. Thank you for your service **CAPT Dixie Aune**, **CAPT Laura Deaton**, **CAPT Melissa Barnett**, **CAPT Susan Blanken-**

**baker**, **CAPT Daniel White**, **CAPT Evelyn Quattrone**, and **CAPT Jeff Johnson**.

Welcome aboard to our new CNOs **CAPT Laura McMullen**, **CAPT Andrew Tarrant**, **CAPT Phillip Boyer**, **CAPT Kevin Burns**, **CAPT Carl Goforth**, **CAPT Eric Gryn**, **CAPT Susan Tillmon**, and **CAPT Julie Conrardy**.

Thank you to our interim CNOs for covering down and ensuring our nurses were cared for at our NMRTCs including **CAPT Gerard White**, **CDR Tracy Krauss**, **CDR Jackie Williams**, and **CDR Karen Gray**.~



*Click on icon to visit Naval Medical Forces Atlantic site!*

# Nurse Corps Assignments



**Fran Barendse**  
**CAPT, NC, USN**  
Head, Nurse Corps  
Assignments (Detailers)



## Detailing and the Navy Nurse Professional Practice Model: How We Support You Here at PERS

Nurse Corps detailing supports the Professional Practice Model through assigning members to billets that cultivate and enhance their professional development through billet diversity, operational billet exposure, and subspecialty billet support. Billet diversity is achieved by taking assignments across a spectrum of environments in any theater to meet the warfighter's needs. We detail members to training billets because our Nurse Corps officers are expected to be lifelong learners to promote High Reliability Organizations and be at the forefront of leading a culture of safety at the Medical Treatment Facilities. We do this to ensure they can adapt, function, and succeed across the enterprise. The detailing shop embraces transformational leadership by inspiring and developing our constituents through mentoring and record reviews. We hope to motivate personnel to take on assignments that can be leveraged for future leadership opportunities, providing them with assignments that challenge them on finding methods to improve our Corps to become READY, RELEVANT, and RESILIENT! We appreciate and are honored to work with all our constituents to prepare them for their next job assignment.~

## Career Planner



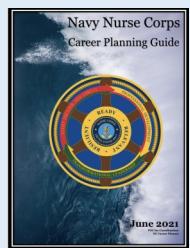
**Julie Darling**  
**CAPT, NC, USN**  
Assistant Director for Career Plans



The Fiscal Year 21 Nurse Corps Career Planning Guide is out! Published in Jun 2021, this guide is a comprehensive and updated career planning guide. This update stemmed from one of three strategic goals for 2021. The specific goal was to redefine Nurse Corps leadership development and strategy to meet operational medical capabilities by publishing an updated pathway.

Led by **CAPT Mary Parker**, **CAPT Jenny Burkett**, **CAPT Todd Bahl**, and **CAPT Elaine Walker** as Chief Nursing Officer Champions, **CDR Jessica Pipkin** and **CDR Sarah Ledford** held the role of Team Leads for a 25 member team of Active and Reserve Component nurses. These nurses, over the course of 12 months, reviewed current pathways at the time, including other service pathways. They conducted a gap analysis, then formulated a living document that covers years of experience within the Nurse Corps. The Career Planning Guide incorporates the Professional Practice Model, and provides detailed information about Executive and Clinical Leadership, Blue and Green side opportunities, as well as Professional Education, Leadership Courses, Additional Qualifying Designators, and Warfare Devices. There is a section that shows duty stations by what subspecialty coded billets are there. The last three pages of the document have several views of where a Nurse Corps officer fits into the larger picture, and where he or she can go in the future. Thanks to the entire team for this excellent guide!

The FY21 NC Career Planning Guide is now posted on MilSuite! Click on photo for access!



# COMMUNITY UPDATE



**Robert Bailey**  
**LCDR, NC, USN**  
69O Specialty Leader

**Keith West**  
**LCDR, NC, USN**  
Assistant Specialty Leader

Greetings to our Ambulatory Care Nursing (69O) Specialty and Nurse Corps colleagues! This past year has been challenging and required Ambulatory Care nurses to truly demonstrate their ability to be **Ready, Relevant, and Resilient**. Our Navy Nursing Professional Practice Model stresses the need to be ready for Every Theater, Any Threat. Ambulatory Care nurses served as key leaders in the COVID-19 testing and vaccine response by engaging with leading Influenza Like Illness Clinics, vaccination sites, and deployments. They performed these tasks while seamlessly maintaining READINESS of the forces, access to care, and the health of our patients throughout the pandemic. The 69O Community deployed nurses to support DSCA/FEMA, USNS Comfort, USNS Mercy, and CNE-CNA-C6F missions. These efforts were key in supporting the warfighter during unprecedented times and highlighted the flexibility, innovation, and creativity of 69O

nurses.

Ambulatory Care nurses continue to engage in professional development and promote a culture of safety and quality. Ambulatory Care nurses spearheaded standardization of procedures across four Branch Health Clinics in Hawaii in an effort to reduce variability and ensure a High Reliability Organization. They also implemented Shared Governance within the NEC at NHC Hawaii and led the way in developing the first ever MCMH in the Hawaii Market! Ambulatory Care nurses also serve as the process owners of the Tele-health services at NMRTC Naples, servicing the 6th Fleet and NAVEURAF AORs, with referrals to LRMC, USNH Sigonella, USNH Rota, Vicenza Army Health Clinic, and WRNMMC.

The 69O Community continues to focus on promoting transformational leadership of our Navy nurses. Recently, we developed the [Clinic Manager Onboarding Guide](#) that was published on the 69O milSuite page. This guide is a resource for junior nurses to understand expectations and have resources available when learning to manage a clinic. Additionally, we created the [Ambulatory Care Leadership Ladder](#) that was also published on the 69O milSuite page. The Leadership Ladder provides a roadmap of key milestones throughout the Ambulatory Care nurse's career.

Navy Medicine is currently undergoing immense change throughout the organization and Ambulatory Care Nursing is perfectly poised to capitalize on this change. We em-

## Ambulatory Care

power our members to be active in their commands, highlighting the diverse capabilities and skill sets that Ambulatory Care nurses maintain. 69O nurses are ready to employ critical wartime skills whenever and wherever needed. The Community will continue to focus on the READINESS of the Fleet, while maintaining a focus on high reliability. If you are interested in learning more about the 69O Community or how to get involved, please contact **LCDR Robert Bailey** or **LCDR Keith West**. To learn more and follow the Community, join us at the 69O milSuite page by scanning or clicking the QR Code below:



# COMMUNITY UPDATE



**Edgar San Luis**  
**CDR, NC, USN**  
1976 Specialty Leader

**Melody O'Connor**  
**CDR, NC, USN**  
Assistant Specialty Leader

The Family Nurse Practitioner (FNP) Community is ready and eager to advance our footprint in Navy Medicine and take on challenges to leverage practice and hurdle barriers. We are a ready medical force with limitless potential, outstanding clinicians and the drive and power to move forward. The Family Nurse Practitioner community encompasses and is in lock step with the Surgeon General's priorities of optimizing **People, Platforms, Performance, and Power** in a consolidated effort to enhance lethality through increased medical readiness and force health protection of the fighting force.

The 1976 Community has been at the forefront combating the COVID-19 pandemic. FNPs have been essential in COVID response with multiple deployments for DSCA support missions expanding our roles as hospitalist providers. In addition, we deployed in leadership positions as Officers-in-Charge (OIC) leading vaccination events and teams of healthcare providers. One of our shining stars during the pandemic response was **CAPT Susanne Blankenbaker** who deployed three times in

## Family Nurse Practitioner

DSCA support. She served as an OIC, hospitalist and observation manager. Under her guidance, one team delivered two thousand vaccines daily, the other cared for the ill and she herself provided care as a hospitalist.

Movement in our working groups has maintained a steady force; in our Tri-Service group, Chaired by **CDR Matthew Loe**, we established the very first DoD FNP Tri-Service Council under DHA Policy and Practice with **RDML Riggs** as our Flag Sponsor. The council was established for monthly joint collaborations with Army and Air Force FNP consultants and subcommittee members. The group worked to create solutions of interoperability, standardization and operationalization, enhancing knowledge, skills and abilities to align medical support and readiness as a community. Collaboration in this group leveraged resources that supported our goals in other working groups and aligned similar goals.

**CAPT (sel) Baldassano** is one of our outstanding community leaders and key contributor to our accomplishments. Recently selected as a Fellow of the American Association of Nurse Practitioners, she is one of only four in the community.

As Chair for our operational working group, she co-presented with **CAPT Lee**, SURFLANT Force Surgeon and **RDML Kuehner** at the Surgeon General's Commander's Update Brief regarding FNPs in lieu of GMOs on LHA/LHDs. In addition to working in our groups, she co-chaired and contributed to the En Route Combat Care white paper assessing Navy ERC manning, training, and equipment perspectives. CAPT (sel) Baldassano further modified an MOU for FNPs to conduct inpatient training at the local hospital in Pensacola to support expanding roles that were identified

with our COVID deployments and operational settings.

The FNP standardization working group, chaired by **LCDR Jennings** and co-chaired by **LCDR Horton**, completed the review and updated the FNP Master Privileging List. They are currently in the process of reviewing and updating the BUMEDINST 6550.10B RAMP UP/REFRESH/remediation program which is a 17-week progressive plan for FNPs ensuring safe and competent practice across various specialties throughout the life span as well as ensuring an operationally ready community.

In pursuit of professional development and growing our community, **CDR (sel) Newnam**, Uniformed Services University (USU) Site director at Bremerton, was able to successfully implement inpatient training with our USU students at Madigan Army Medical Center. Within our community, the FNP Mentorship program that provides career and practice advice is steadily progressing. We currently have 10 FNPs that are new grads, direct accessions and redesignees that have been successfully paired with seasoned FNPs providing great impact in their development.

The Family Nurse Practitioner community is the core of warfighter readiness. As a community in garrison and in operational settings, we deliver high quality patient and family centered care that contributes to the medical ready force and continues to maintain force protection of our boarders while supporting our allies. This readiness is an integral part of what we do as a community, directly affecting and supporting the health care needs of Sailors, Soldiers, Airmen, Marines and their family members. As Licensed Independent Providers, the nursing Professional Practice Model is at the heart of our practice, our true north



# FNP Community Highlights

## Family Nurse Practitioners and Uniformed Services University Training



Pictured above: LCDR Lauren Lazarro, LT Christopher Bunag, and LCDR Breda Jenkins/ (March 2021) Released .

*Article by: CDR (sel) Rachel Newnam*

In March 2021, three Doctorate Nurse Practitioner students from the Uniformed Services University had the pleasure and honor of working alongside the Madigan Army Hospital Internal Medicine (IM) Residency Program. **LCDR Lauren Lazarro, LCDR Breda Jenkins, and LT Christopher Bunag** were welcomed into the IM program led by Chief Resident Dr. Shawn Curry for two weeks. The opportunity is part of the Navy Nurse Corps Family Nurse Practitioner (FNP) community trial of having FNPs operating within an IM residency program to build the knowledge, skills, and abilities needed to function within inpatient hospital roles. The trial is a first-of-its-kind and trailblazing for training for the Navy FNP community.

LT Christopher Bunag explains, *'This opportunity was by far the most challenging experience I had as a student at USU. It was rigorous, demanding, and required extra time learning the nuances of inpatient medicine that was different from the clinic. However, it was a welcome experience to be able to see changes more immediate compared to clinic-based management.'*

The experience demonstrated the future possibilities of FNPs working alongside our IM partners in the hospital setting. *'My dream is to one day get out of the clinic and function in a role outside of the traditional clinic setting. It was one of the reasons I choose to be an FNP,'* states LT Bunag. *"Although there was a steep learning curve, I feel that continued time in a residency program such as the one at Madigan can prepare FNPs to be a part of an inpatient team."*

*"The role of the NP is vast and can be utilized to support many situations outside of the traditional roles we see in garrison primary care. The opportunity of doing a rotation at Madigan gave me a chance to begin building those skills. My dream is to deploy and work as a Senior Medical Officer in billets in Romania and Poland. Doing the rotations at Madigan was tough, but it showed me situations that could happen while deployed."* - **LCDR Jenkins**

Many active-duty nurse practitioners have deployed in combat environments as emergency and critical care nurses and can expand on this in their new role as nurse practitioners. As we prepare for conflicts where air superiority will not be a given, our patient holding capabilities will become crucial. LCDR Lazzaro explains, *"I see nurse practitioners serving in a vital role to provide coverage when patient movement is not an option. I hope to see more trauma-oriented hospitalist training emerge in the future, but this experience provided a great foundation."*

The experience of blending the Navy FNP students with Army medical personnel is a fascinating concept and aligns with the Defense Health Agency's model of utilizing available resources across the services. As military medicine works toward increased teamwork and coordination, the inpatient experience will be



## FNP Community Highlights (cont')

### Operation Bushmaster

**Article By: LT Heather Nelson and LCDR Sarah Tuparan**

Operation Bushmaster is a yearly medical field exercise conducted by the Uniformed Services University between the Graduate School of Nursing (GSN) and the School of Medicine. A requirement for graduation, 2nd year Family Nurse Practitioners (FNP) and 4th year medical students participate in this exercise to assess their knowledge and skills providing medical support in a combat setting. Historically, this week-long exercise is conducted in October, but due to COVID-19 limitations, the practicum was shortened to 48 hours. Despite these constraints, the material and scenarios were challenging and robust, successfully completing the course objectives and overall mission.

The goal of Operation Bushmaster is to introduce students to an array of chaotic scenarios we may encounter in medical emergencies while simulating a deployed environment with limited resources. Every student is evaluated on leadership, teamwork, and medical knowledge/skills as care is provided to patients during mass casualty exercises, convoy operations, telehealth visits, simulated mortar attacks, and global engagement exercises. After recently completing Operation Bushmaster, a few of the GSN c/o 2022 students reflected on their experiences:

*"Despite the shortened exercise, the experience I gained from participating in this event is unmatched, especially to someone who has never deployed before. Medical knowledge and skills can be taught in a classroom, that isn't what Bushmaster is designed to teach. It taught me how to triage patients (especially the expectant patients because unfortunately in austere environments with limited supply, we won't be able to save*

*everyone), how to lead others, and most importantly, always ask for help."*

*"Operation Bushmaster provided me with valuable lessons and skills necessary for future military APRNs to operate in any environment. Water-proof everything. Always bring duct tape and a headlamp. Know your roles and backup roles when everything falls apart. Decisive action and effective communication can be life-saving. Lean on your teammates, you won't know everything but someone else can help fill in the*

*reflect on your strengths and weaknesses. One of my takeaways is knowing that to be a successful leader is to work as a team, wear as many hats as needed, or drink tea from untrusted sources to make connections."~*



*gaps."*

*"Bushmaster provided a glimpse into the responsibilities I will have as an APRN specifically in the military. It will require unique operational knowledge in addition to the medical knowledge and expertise that is already expected of APRNs. So while Bushmaster was an incredible learning experience from a medical perspective, it was also invaluable in demonstrating the military side of things as well."*

*"Operation Bushmaster is a unique experience that has trained me to lead in garrison and on a deployment. The simulations were humbling experiences and the exercises required you to*



Article pictures contributed by Operation Bushmaster participants. Released for use.

# FNP Community Spotlight

## “LCDR White: Nurse on a Mission”

Article by: Aaliyah Essex

In May of 2021, America honored nurses around the world for National Nurses Week. On May 13th, the Navy Nurse Corps celebrated its 113th birthday. To add to the celebration of nurses, during this same week, **CDR (sel) Robyn V. White**, DNP, FNP-BC became the first Nurse Practitioner to go underway with the USS Mount Whitney (LCC-20).

White will join the USS Mount Whitney on their BALTOPS mission. While aboard the ship, the Nurse Practitioner will be the senior-ranking medical professional overseeing the medical operations for the nearly 300 Sailors deployed with USS Mount Whitney throughout the course of the mission. Working alongside White are four Corpsmen and one Chief Independent Duty Corpsman (IDC). Typically, IDC's are the highest ranking medical personnel on ships and in cases where support is requested from the officer community, General Medical Officers (GMO) are deployed. As a nurse, White is excited to break ground by joining the mission as nurses are typically only stationed in hospitals and clinics. *“As a Nurse Practitioner, this is an opportunity to prove that we are skilled and equipped to take care of Sailors and patients in any hospital, on any vessel and throughout all Navy duty stations,”* said CDR (sel) White. *“Our community is really trying to demonstrate our relevance and ability. When our nursing experience is paired with our education, we believe we are as equipped as GMOs to stand up to the task.”* Although White has over 15 years of experience, this is her first time on this type of vessel. However, Captain David Pollard and the entire crew have been *“very inclusive, optimistic and open,”* says White. *“Everyone has been helpful and inviting as I learn to navigate ship life aboard the USS Mount Whitney.”*

White will accompany the ship for the entire mission. She is looking to bring some of her Nurse Practitioner values to her shipmates by conducting weekly sessions on maintaining a healthy mind, body, and soul while underway. With these sessions, she looks to promote health, disease prevention, and overall wellness.” Reference: [www.cnic.navy.mil/naples~](http://www.cnic.navy.mil/naples~)



CDR (sel) White performing care on a patient while onboard USS Mount Whitney. (Photo by Mass Communications Specialist, 2nd Class Scott Barnes/Released.)



## FNP Community Spotlight

### Commander (select) Rachel Newnam Epitomizes the Surgeon General's Four Priorities

#### *People—Platform—Performance—Power*

CDR (sel) Newnam, a native of western Kentucky, graduated with her BSN from Murray State University, Murray, KY, in 2005. She then started her career as a direct accession into the Navy Nurse Corps. After attending Officer Indoctrination School in Newport, Rhode Island she reported to Naval Medical Center Portsmouth where she worked three years in Oncology and Palliative Care. She then transferred to Naval Hospital Beaufort working in the Ambulatory Procedure Unit and Post Anesthesia Care Unit. During her time in South Carolina, she was selected as Department Head of Recruit Medical Readiness clinic at Marine Corps Recruiting Depot Paris Island where she supervised 27 personnel in the medical processing of 42,500 recruits and oversaw a \$6.5 M budget. During this time she oversaw the administration of over 442,900 immunizations and 42,500 blood draws. At the end of this tour, CDR (sel) Newnam was selected into the DUINS program for the FNP-DNP program at Old Dominion University. After completing her Master's in Nursing, Family Nurse Practitioner in 2014 and Doctorate of Nursing Practice in 2016, she transferred to Federal Health Care Center Lovell (FHCC Lovell) where she cared for the Navy's newest Sailors (Recruits and C-school students), Active Duty service members, and Military Veterans of all ages as a Family Nurse Practitioner. Currently, CDR (sel) Newnam is serving as faculty at Uniformed Services University as a Phase 2 Site Director for the FNP-DNP program at NMRTC Bremerton.

CDR (sel) Newnam epitomizes the Surgeon General's 4P's and here is how she is doing it:

**People:** Phase 2 Site Director; forged a new generation of NPs. Provided oversight for 8 students in various clinical experiences, participated in multiple simulation classes, and served as faculty for the Operational Medical Readiness Course. DHA Preceptor Working Group; created a new preceptor training program, thus shaping better prepared and more competent preceptors across the military health system.

**Platforms:** At NMRTC Great Lakes, shaped a more ready force of our newest Sailors (boot camp and follow-on training). Ensured Operational Readiness of personnel in the surrounding 16 state region.

**Performance:** Standardization Working Group member involved in revising Master Privilege Lists and revamping orientation programs. Tri-Service FNP Council founding member increasing communication, interoperability, standardization, and opportunities for FNPs across the MHS.

**Power:** Navy FNP Mentorship Co-chair targeted increasing support to 1st year FNPs through formal mentorship which translated to more satisfied FNPs and improved retention. The program has objectively shown that having a mentorship program increases organizational commitments. Mentorship powerfully prepares the next generation of FNPs to be ready and relevant with more operational opportunities. Program expansion includes New Accessions, Re-designations, Navy Reserves, and Army.~



# COMMUNITY UPDATE



**Catherine Luna**  
CDR, NC, USN  
1981  
Specialty Leader

**Katie Schulz**  
CDR, NC, USN  
Assistant Specialty Leader

**Ready, Relevant, Resilient...**these are important goals for the Certified Nurse Midwifery (CNM) Community. Like many communities, we face significant billet reductions due to proposed divestitures and POM cuts. It is important to show how our community demonstrates readiness, relevance and resilience within the Nurse Corps and Navy Medicine.

The CNM community has successfully navigated continuation of mission essential care delivery during a global pandemic, from providing care to our service women in pregnancy and postpartum, providing essential women's health and gynecologic care, and providing outreach and education to the fleet. The CNM community remains critical to optimizing the readiness of our Sailors and Marines.

In efforts to increase medical read-

iness and deployability of the female force, midwives are serving as the first ever embedded women's health providers (EWHPs). This innovative pilot program shifts a women's health provider from their typical care setting in the MTF directly to the fleet at the waterfront. This ensures service women are able to resolve health challenges quickly, access preventative care, and minimize duty hours lost to seeking healthcare. **CDR Katie Schulz** and **CDR Candace Foura** have been pivotal as site leads at Naval Stations Norfolk, VA and at Mayport, FL while serving as the primary EWHPs. This pilot project has empowered service women to self-



24Mar21: LCDR Michelle Hosea delivering a speech on Female Force Readiness onboard the U.S.S. Mustin. Taken by HM3(SW) Atkinson/Released.

refer directly to the EWHP to seek care for comprehensive women's health services including contraception, well-women care, men-

## Nurse Midwife

strual management, gynecologic concerns, screening for sexually transmitted infections (STIs), pap tests, and pregnancy testing. Additionally, the EWHPs support operational providers by providing mentorship and formal training in women's health care. Pilot metrics collected over the past 8 months have proven the project to be highly successful and demonstrate the vital need for EWHPs and long term clinic sustainment after the pilot concludes. CDR Schulz and CDR Foura presented this women's health initiative at the VA/DOD Women's Health Leadership meeting in May 2021.

In Yokosuka Japan, **LCDR Michelle Hosea** has led women's health outreach efforts onboard five ships. She has provided well woman visits, LARC placement, IDC training and women's health education for Sailors within the Seventh Fleet. She was named "Officer in the Spotlight" for Women's History month in March on the U.S.S. Mustin. At NH Bremerton, midwives were pivotal in the opening of additional walk in comprehensive clinics, with efforts led by Department Head **LCDR Cheryl Castro**. CNMs also function as primary care providers, **LCDR Josh Gilliam** is currently conducting PHA's at NMRTC Portsmouth due to the backlog of PHAs resulting from COVID.

Our CNM community efforts demonstrate that we are ready to take on the mission in new and unique environments. We are relevant to maintaining a medically ready force, and ready medical

# COMMUNITY UPDATE

## Nurse Midwife (cont')

force. We remain a resilient community through challenging times. Lastly, we would like to recognize a few members in our community. Congratulations to **CAPT Evelyn Quattrone**, **CAPT Cathy McCrary** and **LCDR Serina Hernandez** on their retirements this summer! Congratulations to midwives selected for milestone positions: **CAPT Kim Shaughnessy-Granger** will serve as XO at Naval Health Clinic Quantico, **CDR Edith Asante** assumed the role of OIC at NMRTU Belle Chasse and **CDR Brenda Reseter** will serve as Associate Dean, Academic Delivery Branch at Fort Sam Houston! We welcome **LCDR Chaia McAdams** to the midwifery community and congratulate her on her recent DNP! ~



CDR Katie Schulz conducting women's health training to female AIR-LANT sailors. (Picture of CDR Katie Schulz, photo taken by ENS Anisa Kamlani at HSC-11 at Naval Station Norfolk on April 8<sup>th</sup>/Released





Access on the go! Scan the QR code with your phone



## The Women's Health Website

Hosted by the Navy and Marine Corps Public Health Center

**Learn about female force readiness**

Deployment Readiness Education for Service Women (DRES) Handbook • Menstrual management & suppression • Contraception • Sexually transmitted infections (STIs) • Pregnancy • Injury prevention • Returning to duty postpartum • Fitness • Nutrition

**Resources available for...**

- Service Women**  
Manage your health and navigate the military health system
- Providers**  
Triage and address common women's health concerns
- Leaders**  
Promote the health and readiness of your female force

**Website Link:** <https://www.med.navy.mil/sites/nmcphc/health-promotion/womens-health/Pages/default.aspx>

# COMMUNITY UPDATE



**Ann Mortara**  
**CDR, NC, USN**  
1981/1920/1964  
Reserve Assistant Specialty Leader

How does the Navy Nursing Professional Practice apply to the Navy Maternal Child Community? This is an excellent question and let me tell you how.

The center of the model highlights **Ready, Relevant and Resilient**. As maternal child nurses we are always ready because you never know when a baby is going to come! We are the ones caring for the newest member of a family and the mother. This can be the happiest time for a service member, or the most stressful time if there are any complications. If a sailor is secure with their family and home life then they are more likely to be mission ready. Maternal Child has been questioned about our relevant in Navy Medicine over the past 18 years that I have been in the Navy, but we have showed our resilient and proven our relevance. Often the active duty is short staffed, and the reservist have been answering the call to help in 29 Palms, Japan, Camp Lejeune to name a few in the past year. Reservists are always ready to step up and help and

## Nurse Midwife, Maternal Child, & Neonatal Critical Care

the fact that our help is needed shows are relevant. Our resilience is that we keep the mission to care for maternal child population our priority regardless of billet cuts and Navy Medicine changes.

**Every Theater, Any Treat**, is one of the primary domains in The Professional Model. Our community has an indirect impact on a sailor's operational readiness along with our responsibility for the Navy's Mission to be operational ready ourselves. There were 2 Midwives, 6 Labor and Delivery (L&D) Nurses, and 1 Neonatal Intensive Care Nurse deployed for Covid relief. Covid was not a maternal child national threat, but we answered the call and were ready to treat!

As for **Professional Development** and **Transformational Leadership**, we have members that are working on advanced degrees and taking roles as OICs, TOs, and other unit/ headquarters/national collaterals. In the recent redesignation board, we had a 1920 (L&D Nurse) redesignated as a 1981 (Midwives). It is great to see the Navy make it a priority to recruit and advance within! As Re-

servists, we maintain our clinical skills if not in our civilian job, during our Annual Training. There have been countless advancement and changes in policy due to nursing research that I have seen in my career as an L&D Nurse such as meconium protocols, NRP guidelines, operating room protocols, and charting changes. This community has had individuals that have actively helped with making some of these changes. Our nurses are mentoring corpsmen and helping them advance in their career to be mission ready. I feel this is a responsibility of a Navy Nurse.

Above are a few of the ways that the Maternal Child Nurse actively demonstrates the **Navy Nursing Professional Practice Model**.

We are: "Bold Leaders-who proudly serve our Nation".

Please feel free to contact me anytime with any questions or concerns regarding Nurse Corps Reserves-Maternal Child, 1981, 1920 and 1964.~

CDR Ann Mortara at  
[ann.mortara@navy.mil](mailto:ann.mortara@navy.mil)



## NMCSD ECMO PROGRAM: A NAVY FIRST

### Article by: LCDR Sarah Huley, NMRTC San Diego

Since January 2020, Naval Medical Center San Diego's (NMCSD) Intensive Care Unit (ICU) has been collaborating with multiple disciplines to establish the Navy's first fully functional Extracorporeal Membrane Oxygenation (ECMO) program to provide an additional life-saving treatment option for our patients.

The effort, led by recently retired **Lt. Cmdr. Yvette Konemann**, has involved establishing strong partnerships with our local San Diego community, the Joint Tele-Critical Care (JTCC) program, and the San Antonio Military Medical Center (SAMMC). ECMO temporarily performs the workload of the heart and/or lungs giving the patient's body time to heal and recover from severe illness. ECMO has been a life-saving therapy in the treatment of COVID-19 patients whose other options for management have been exhausted.

NMCSD's ECMO team led by ECMO director, **Dr. Jesse Sherratt**, has successfully cannulated four critically ill patients over the past year. Collaboration within our own facility as well as with our local civilian colleagues and jointly within the Military Health System (MHS) has proven integral to these success stories. Of these patients, ICU medical leadership, catheterization lab team, the social work team, and ICU nursing staff have played a key role in their care. We continue to work closely with our local civilian ECMO coordinators and leveraging tele-critical care support from our Joint Tele-Critical Care Network (JTCCN) teammates to ensure optimal outcomes for this critically ill patient population.

One of our more recent successes was a patient who was cannulated and managed locally at NMCSD until a jointly staffed Critical Care Air Transport Team (Navy, Air Force, and Army) was able to deliver the active-duty patient to SAMMC. Due to the COVID-19 pandemic, our local network had become saturated with ECMO patients. Tele-medicine was utilized to coordinate care of these critically ill patients, virtually bringing SAMMC's ECMO team to the patient's bedside via JTCCN's sophisticated video teleconferencing capability to support our nursing team.

Development of the program is ongoing, utilizing a multi-disciplinary team approach. Recently, ECMO coordinator, **Lt. Cmdr. Ken Sierleja**, led the team's quarterly ECMO training day with hands-on, didactic, and high fidelity simulation components of the training plan. Attending were many members of the ECMO team to include catheterization lab nursing and physician staff as well as representation from anesthesia. The ICU ECMO nursing team members were in abundance to include our Government Service staff members **Cmdr. Marie Ullrich** and **Cmdr. (sel) Kathryn Luenella**. Additionally, **Lt. Anthony Seiter** led a case study presentation during the training evolution for the NMCSD ECMO team.~



(L-R): LCDR Ken Sierleja (AC), RN Ron Parangat, RN Angela Truesdell, RN Michael Defries, RN Roberto San Juan (LCDR, Ret), LCDR Yvette Konemann (Ret), RN Jessica Grimaldo Taken by Cmdr. Brandon Limtiaco/ Released.



12 May 2020. San Diego, CA. NMCSD ICU staff loading ECMO patient onto ambulance for transport to Sharp Memorial. Taken by Ron Parangat/Released.

<b>NMCSD's ICU ECMO Nursing Team</b>	
LCDR Ken Sierleja (AC)	ECMO Coordinator
LCDR Sarah Huley (AC) – CNS	
LCDR(ret) Roberto San Juan – CNE	
CDR Marie Ullrich (RC)	
CDR(sel) Kathryn Luenella (RC)	
RN Joella Anthony (GS)	
RN James Lara (GS)	
RN Michael DeFries (GS)	
RN Ron Parangat (GS)	
RN Jason Rualo (GS)	
RN Angela Truesdell (GS)	
RN Jessica Grimaldo (GS)	
RN Sarah Richards (GS)	
ENS Cooper (AC)	
RN David Haley (GS)	



## Critical Care Transport Team at USNMRTC Guam

Article by: LT Serena Gerfy, NMRTC Guam

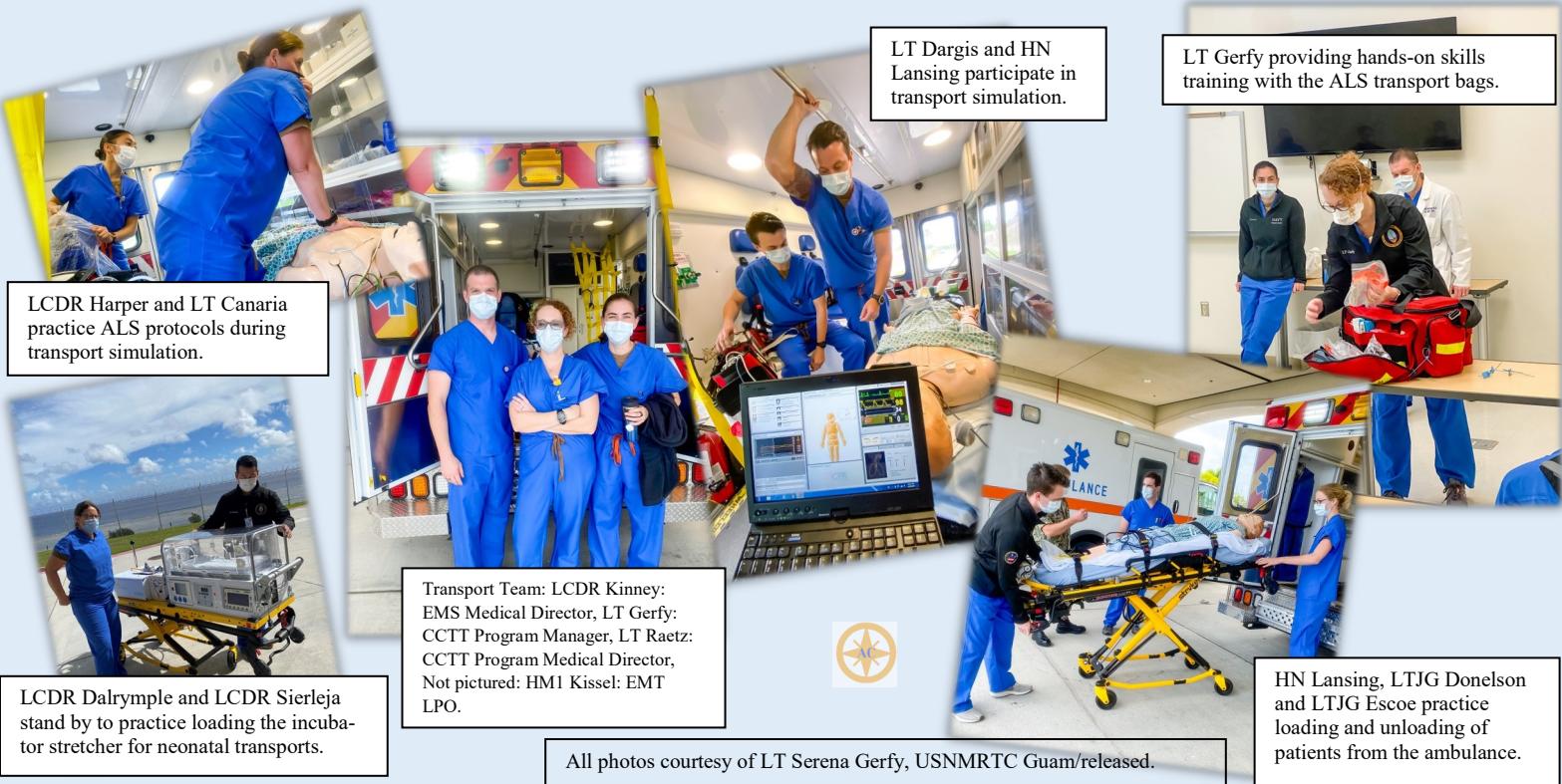
Patients in need of a higher level of care beyond what USNMRTC Guam can provide, such as dialysis, interventional radiology, and cardiology, must be transported to the appropriate facility on island. USNMRTC Guam also supports missions with Helicopter Sea Combat Squadron 25 and other local military units on Guam providing patient movement. Due to these unique circumstances, our facility has created a Critical Care Transport Team with formalized training in patient care during transport.

The Critical Care Transport Team (CCTT) at USNMRTC Guam is a team of specialized trained nurses and Corpsmen in the transportation of patients to local treatment facilities on island. The Inter-facility Transport Training course is required for all inpatient nurses and critical care Corpsmen in order to provide standardized care during the movement of a patient. The Corpsmen are nationally certified Emergency Medical Technicians-Basic (EMT-B) and have completed the Emergency Vehicle Operator Course (EVOC). The Critical Care Transport Team consists of an EVO driver, an EMT, and a critical care/emergency nurse with the possible addition of a Respiratory Therapist (RT) and/or provider depending upon the acuity of the patient.

The transport course is comprised of both didactic and hands-on skills training. The classroom portion includes: patient safety considerations, local Guam laws, the Emergency Medical Treatment and Active Labor Act (EMTALA), the Guam Nursing Practice Act, and documentation. The hands-on skills training focuses on proper use of intraosseous access, Continuous Positive Airway Pressure, and supraglottic airway device insertions. Since the program's inception, 40 Nurses and 5 Corpsmen have completed the training.

The most important aspect of the course is the high-fidelity simulation that takes place in a moving ambulance utilizing the SimMan 3G mannequin, providing the trainees a first-hand experience in a controlled and safe environment. During the simulation portion, the training team consists of a nurse and critical care/EMT Corpsman that provides a training scenario to run while the ambulance drives around the base. The scenario usually ends up in a code situation, so the students can gain the knowledge and experience if this should happen with an actual patient during transport. This is a valuable training tool because on most transports there are only two people in the back of the ambulance. The team needs to be able to remain focused and work together during these stressful situations in order to provide the best positive outcomes during transports.

Our review of transports for the USNMRTC Guam CCTT program demonstrates a reasonably high rate of transport and need for continued skills at this OCONUS Military Treatment Facility (MTF). This data suggests that MTF based inter-facility transport programs may be a reasonable sustainment platform for active duty en-route care providers with adequate training and resources.~



**View from the Top: 2021 Chief Nursing Officer/ Specialty Leader Symposium:  
Leadership Intern Perspective**

Submitted by: LCDR Sharon Hoff, LCDR Ranata Simmons, LT Mary Bass, LT Savannah Dean and LT Karen Elevazo

COVID-19 continues to change the way we do business. The 2nd annual combined Chief Nursing Officer (CNO) & Specialty Leader (SL) Symposium was held virtually this year. From the 8th through 11th of June our Nurse Corps leaders came together virtually to learn, share and brief Rear Admiral Kuehner and Rear Admiral Peterson. Sessions included briefs from the Brig Gen Fligge from DHA, our own Surgeon General RADM Gillingham, the Nurse Corps front office, manpower, detailing shop, and all 16 Nurse Corps specialty communities. As Leadership Interns for the symposium, we were privy to the briefs and heard information not usually promulgated at the deck plate level.

During the Specialty Leader presentations, we were able to see and hear from all 16 specialties in our Corps. We live such separate lives, our neighbors are often fighting the same battles we are with staffing and training opportunity shortages. Still others have difficulties unique to their communities which opened our eyes to the challenges facing our Corps globally. Active component Specialty Leaders and Assistant Specialty Leaders were joined by their reserve counterparts as they presented their shared successes and challenges.

For the second consecutive year, the symposium was organized and conducted jointly by Active and Reserve Components. The partnership and collaboration is a great testament of the Nurse Corps' continuous efforts to integrate both components. The collaboration of both the AC and RC gave us the opportunity to see how the Nurse Corps operates as a whole. This symposium provided great insight on the infrastructure of the Nurse Corps and opened my aperture to other opportunities for the future of our Navy Careers. In addition to having the honor of listening in on all of the content presented, bringing insight and knowledge of our community to light, this was also a great opportunity for the interns to interface with other nurses both active duty and reserve. Working alongside CAPT Darling and CAPT Morgan was enlightening. Seeing such a strong group of successful and hardworking Naval Officers improvising to use technology, knowledge, and collaboration to achieve a successful event was inspirational. One Team, One Fight, One Navy.

Aiding with planning and execution of the 2021 CNO/SL Symposium, was an honor and allowed our team a rare insight into discussions on the future of the Nurse Corps. It was reassuring that leadership was aggressively pursuing many of the same questions we have at the deck plate. Despite concerns about the upcoming changes including possible divestitures, expanding the DHA, and changes to operational platforms, the Nurse Corps' future is bright. We encourage our fellow Nurse Corps junior officers to apply for this fantastic opportunity in the future.~



**LCDR Ranata Simmons**  
NMRTC Jacksonville



**LT Karen Elevazo**  
NMRTC Camp Pendleton



**LCDR Sharon Hoff**  
NMRTC Rota, Spain  
Currently Underway on the  
USS Mount Whitney



**LT Mary Bass**  
NMRTC Great Lakes



**LT Savannah Dean**  
1<sup>st</sup> MED BN

## *Advanced Officer Readiness Course (AROC) is LIVE AGAIN!*

The Nurse Corps Front Office was finally able to conduct the NC Break-Out session IN-PERSON with the 21-70 AROC participants.

This is the first non-virtual iteration of AROC since early 2020 due to the ongoing pandemic.



(L-R): LCDR Monica Phariss – NMRTC Camp Pendleton  
LCDR Patricia Smith – CNLS Norfolk  
LCDR Christina Carter – NMRTC Pearl Harbor  
CAPT Paul Loesche - Deputy Director Navy Nurse Corps  
LCDR Ricky McCallister – NMRTC Camp Pendleton  
LCDR Marissa Hesse – NMRTC Bremerton  
CAPT Julie Darling – Assistant Director for Career Plans  
CAPT Karen Morgan – Reserve Affairs Officer  
CAPT Rhonda Hinds – Director, Officer Programs and Head Nurse Corps Graduate Program NMLPDC  
LCDR Amanda Jack – USNS Mercy  
Released.



## Fair Winds and Following Seas CAPT Dixie Aune

On Friday, 25 June 2021, in a most beautiful and heartfelt ceremony, Captain Dixie Aune, NC, USN, retired after 35 faithful years of service. From the initial set-up and first call to be seated through the amazing speeches detailing trials and triumphs that brought both emotional heartfelt tears and tears of gut-busting laughter to the traditional ceremonies. Ceremony included a flawless flag-folding and flag-passing followed by an absolutely riveting rendition of "The Watch" by CAPT (sel) TaRail Vernon, CAPT Aune presenting the folded flag to her father that has flown a flag in his yard in her honor each day for 35 years, and the words of her daughter, "Mom you stand relieved...I have the watch." With the striking of the bells and piping ashore, CAPT Aune's ceremony was arguably one of the best ever! Congratulations to you, CAPT Aune, on an amazing career!



*"For 35 years, this sailor has stood the watch"*  
~CDR TaRail Vernon



*"I reflect once again on my journey from E1 to O6...what an honor and privilege to wear the cloth of this great nation for 35 years. God Bless America, and God Bless those who serve!!!" ~CAPT Dixie Aune*



*"Mom, you stand relieved... I have the watch"*  
~ENS Maddie Aune



CAPT Aune, we wish you the best in your retirement as you enjoy spending more time with your family and friends!



Go West Fargo  
Packers!!



*"Strike Four Bells, Captain, US Navy Nurse Corps departing"*  
~CDR Jim Nogle

All photos courtesy of CAPT Aune



Honorary Hospital Corpsman



Honorary Chief



# CDR Molly Cook

receives

## Stephen G. Waller 2021 Unsung Hero Award

*Submitted by: LT Natalie Spritzer, USNH Okinawa*

**CDR Molly Cook** was competitively selected through an awards committee process for the 2021 Stephen G. Waller Unsung Hero for Global Health Award. She was nominated for this special award by LTJG Kelsey Hasz and LTJG Katelyn Morton (see nomination letter below).

Colonel Stephen Waller is a professor of global health and global health engagement at the Uniformed Services University of the Health Sciences (USUHS). He has over 40 years of federal service through his combined time as a US Air Force Medical Officer and civilian faculty member. This award accentuates profound achievements done through heart and dedication that forward global health, but based upon the situation can go unnoticed and/or underappreciated.

This award is presented annually to the military or civilian member best representing the Dr. Waller's ideals.



The Stephen G. Waller  
2021 Unsung Hero Award

**CDR Molly A. Cook**  
**Nurse Corps, United States Navy**

Not everyone on Pacific Partnership missions has heard of CDR Molly Cook. For years, public health nurse CDR Cook has been a powerful force behind the scenes on the Pacific Partnership (PP) Advanced Echelon ("ADVON") Planning teams. Dedicating nearly all of her off-duty hours, she selflessly works up to twelve months in advance to coordinate and plan PP missions. It takes a uniquely driven person with extraordinary dedication to meet the intense demands of PP mission planning under these circumstances—but what drives CDR Cook is her unrelenting passion for global health engagement (GHE). We truly have never met anyone more passionate about GHE.



"Selfie Pose" - Navy Lt. Cmdr. Molly Cook takes photos with students from Batu Keramat Primary School as part of Pacific Partnership 2018 in Tawau, Malaysia, April 23, 2018. Navy photo by Petty Officer 2nd Class Joshua Fulton [defense.gov](http://defense.gov)

CDR Cook quickly becomes a familiar name for those who are more deeply involved with coordinating PP missions. She has held the position of Director of Medical Operations and Planning (DMOP) twice. No one in the history of the PP mission has served on more missions: she has served on PP15, PP16, PP18, and PP20. Moreover, she is the only person to have served on three different mission shipboard platforms: the USNS Mercy (T-AH-19) for PP15 and PP16, the USNS Brunswick (T-EPF-6) for PP18, and the USS Comstock (LSD-45) for PP20. It is no surprise that CDR Cook is highly regarded and sought after for her unmatched skill and expertise, and year after year, she is name requested to lead the planning teams. CDR Cook is an invaluable and irreplaceable member of the Navy's GHE team.

While her trail of experience is essential, CDR Cook brings many more gifts to GHE that undoubtedly make her the Stephen G. Waller 2021 Unsung Hero of Global Health. Like Dr. Waller, she is a champion of health equity, human rights, sustainable development, and a tireless promoter of the incredible value that GHE brings to the Department of Defense. Given her involvement through the years, CDR Cook is an ardent promoter of capacity building. She has witnessed first-hand the vital transition from direct patient care on the USNS Mercy via the "MEDCAP" (Medical Civic Action Program) model, and as a planner, she has advanced the movement toward a centrality of capacity building focused subject matter expert exchanges (SME) and side-by-side care exchanges. CDR Cook is an exemplar of promoting this needed paradigm shift for the benefit of all parties involved and she well understands weighing the delicate balance when working with others who may not share this vision for GHE.

The Navy's PP missions often encompass a wide array of participants with richly diverse backgrounds and levels of enthusiasm. Some raised their hands to go because they are curious or want to experience something new. Some have followed the PP media coverage over the years, became inspired, and envisioned themselves similarly thriving as depicted in the news photos. Then there are those members "tasked" with filling a needed billet despite their desires to remain ashore, and yet others unashamedly requesting to go on the missions with the primary motive to

*"Be fluid because flexible is too rigid."*  
-a favorite "PPism" of CDR Molly Cook

advance their career. Our unsung hero, CDR Cook, sets herself far apart from the norm: she has an ardent, genuine passion for GHE for the sake of GHE. She has left an indelibly positive impression on mission crew members, our partners, and those we serve. As a guiding light, she is energetic and has an infectious enthusiasm that inspires all those around her. We are graced with being continually inspired by CDR Cook.

Mentorship is an often under-recognized attribute in excellent leaders. Most notably, CDR Cook is a GHE mentor to countless motivated officers (especially junior officers), and like Dr. Waller, she has an unparalleled dedication to building the next generation in GHE. CDR Cook has spent many hours mentoring us, even amid busy days at her clinic. Intangible and under-recognized, her vision for building this cadre of the next generation in GHE is the most important reason she is our 2021 Unsung Hero of Global Health. The value of building the future corps of GHE experts cannot be overstated. CDR Cook embraces and lives in action toward this ideal more than any person we have ever encountered.



CDR Cook (front row, right of center) during PP20 mission planning event in Phu Yen, Vietnam. She is the smiling, kind representative we need on these missions. She has touched countless lives in many places over the years and she has left a legacy of dedication to share her expertise through mentoring others. (Photo selected from CONOPS presentation for PP21)

When we meet someone who has been on a PP mission, one question that can set the tone is: "Do you know CDR Molly Cook?" This question is a metric for how involved they may have been on the mission – or it is a great segue to open the door if they need an easily reached expert mentor to provide guidance. We are in awe of CDR Cook's enduring selfless dedication to PP missions and GHE at large. CDR Cook has joked that she and the other DMOP for PP18 each "donated a kidney" to lead the mission through countless hoops and ladders of every variety. Planning these GHE missions demands an incredible feat of endurance. All phases of the missions are laden with complexity that takes extreme dedication and a unique registry of talent. Despite her talent and immense impact, our unsung hero, CDR Cook, has never been formally recognized for her contributions to GHE.

If there were one individual that has had more influence on us than any other in GHE, it would be, hands-down, CDR Molly Cook. We are writing to tell you of the lasting and beneficial impression CDR Cook has made on our lives and careers. We would have never had the opportunity to serve on PP missions if she had not opened the doors for us. She is exceedingly deserving of this recognition. Today we are singing praises for our unsung hero. Tomorrow we will be paying it forward.

Very respectfully submitted,

Current Students - USUHS Distance Learning Program in Global Health



LT Natalie Spritzer, NC, USN  
LTJG Kelsey Hasz, NC, USN  
LTJG Katelyn Morton, NC, USN

Nomination: The Stephen G. Waller 2021 Unsung Hero Award

# LCDR Jennifer Krogh



**Jennifer Krogh, LCDR, NC, USN**

**LCDR Jennifer Krogh** graduated from Michigan State University with her BSN in 2005. After graduation, she worked in CICU and CVICU. In 2011, she began her career in anesthesia at the University of North Florida where she graduated in 2013 with her Master of Science in Nursing Anesthesia. She recently finished her academic journey in pursuant of DNP at Yale University. She is credentialed as a 1972 Certified Registered Nurse Anesthetist (CRNA) in the Navy. Her usual role as a provider includes completing much needed Period Health Assessment for service members, and fulfilling Nurse Corps Detachment Leader responsibilities.

In description of her role and its impact on operational readiness for the Reserve forces, she has lent her support to individuals who were mobilizing by reviewing their medical readiness. She has also completed mental health check-ins for service members during this unprecedented time of great isolation. Her experience in the Navy has provided her additional leadership opportunities outside of her civilian job to which she cherishes the variation

in experiences outside of anesthesia.

LCDR Krogh recently published an article in Anesthesia Patient Safety Foundation titled [\*Practice Considerations for the Anesthesia Professional for Methamphetamine Substance Use Disorder Patients\*](#). This article is the culmination of her doctoral project. It provides concise practice considerations based on the recent literature reviews. This helps serve as guidance for anesthesia providers when they encounter methamphetamine Substance Use Disorder (SUD) patients.~

## New Specialty Leaders Announced!

On behalf of RDML Kuehner and the entire Senior Nurse Corps Leadership team, it is our distinct pleasure to congratulate the following members on their highly competitive selection as Specialty Leader and Assistant Specialty Leader as listed.

The following members have been selected as **Specialty Leaders**:

1930/1973-CDR Braybrook  
1945-LCDR McDonald

The following members have been selected as **Assistant Specialty Leaders**:

1910-LCDR Saraceni  
1930/1973-LCDR Heywood  
1945-LCDR Riddell  
1972-CDR Rotruck

These newly appointed leaders represent Nurse Corps leaders who have held numerous leadership positions with ever-increasing responsibilities, advanced certifications, research and presentations to advance the nursing practice, and have consistently been involved in their respective specialties, the Nurse Corps, and beyond. I would also like to thank the outgoing leaders who have represented and advocated for their specialties and Navy Nursing leading up to and during these challenging times. It has been an honor to work with you and watch you and your specialties adapt and grow.

1910-CDR Crane  
1930/1973-CAPT Oboza and CDR Braybrook  
1945-CAPT Gryn and LCDR McDonald  
1972-CDR Lawson

If you need to contact the new leaders, please utilize the global system until the Specialty Leader Directory can be updated on milSuite.

~ CAPT Richard B. Lawrence, NC Policy & Practice

# BRAVO ZULU!

## Certifications

**LTJG Audrey Fordham**, NMRTC Portsmouth, earned her Hospice and Palliative Care Nursing certification (CHPN).

**LT Ryan Pavelka**, NMRTC Guam, earned his Adult Critical Care nursing certification (CCRN-Adult).

**LT Justin Valdez**, NMRTC San Diego, earned his Perioperative nursing certification (CNOR).

**LT Candace Stover**, NMRTC San Diego, earned her Perioperative nursing certification (CNOR).

**LCDR Michael Lanthorn**, received his Adult-Gerontology Clinical Nurse Specialist Certification (AGCNS-BC™) certification from the

ANCC.

**LT Mary Henson**, Walter Reed National Military Medical Center, earning CCRN.

**LTJG John Gasque**, NMRTC San Diego, earned his CCRN-Adult.

**LT Jeffrey Stroud**, NMRTC Jacksonville, earned his CCRN-Adult.

**ENS Junior Nelson**, NMRTC Portsmouth, earned his CCRN-Adult.

**LTJG Steven Sheil**, NMRTC Portsmouth, earned his CCRN-Adult.

**LTJG Lawrence Donelson**, NMRTC Guam, earned his Adult Critical Care nursing certification (CCRN-Adult).

## Education

**LTC Taylor Brocuglio**, USUHS, earned her certification as a Certified Registered Nurse Anesthetist (CRNA).

**LTC Erika Eisenberg**, CAPT James A. Lovell FHCC, earned her Pediatric Nursing certification (PNC).

**LCDR Alvin Garcia**, NMRTC Fort Worth, earned his Nurse Executive certification (NE-BC).

**LCDR Talitha Moton**, FBCH, earned her certification as a Certified Registered Nurse Anesthetist (CRNA).

**LT Caroline Mosher**, NSA Bethesda, earned her certification as a Certified Registered Nurse Anesthetist (CRNA).

**LCDR Jeff James**, WRNMMC, graduated from Rhode Island College with Master's Degree and earned ACCNS-AG certification.

**LCDR Sarah Hull**, WRNMMC, graduated from University of San Diego with Master's Degree and earned ACCNS-AG certification.

**LCDR Susan Murphy**, CVN-78, graduated from San Diego State University with Master's Degree and earned ACCNS-AG certification.

**LCDR Sachiko Ikari**, NMRTC Camp Lejeune, graduated from University of Virginia with Master's Degree.

**LCDR Meghan Wilson**, NMRTC Portsmouth, graduated from University of Virginia with Master's Degree and earned ACCNS-AG certification.

**LCDR Stephen Wiltshire**, Fort Belvoir Community Hospital, graduated from University of Virginia with Master's Degree.

**LCDR Jennifer Krogh**, NR NMRTC Camp Pendleton, earned her Doctor of Nursing Practice from Yale University.

**LCDR Melody Domingo**, NR NMRTC San Diego, earned her Master of Science in Nursing Family Nurse Practitioner from Hawaii Pacific University.

**CDR Harvey Ross**, NR NMRTC Portsmouth, earned his Master of Science in Nursing Adult Gerontology Clinical Nurse Specialist and Adult Gerontology Primary Care Nurse Practitioner from San Diego State University.

**CDR Michael Cornell**, NMRTC Charleston completed his Master Degree in Executive Leadership from Liberty University.

# BRAVO ZULU!

## *Recognition*

**CAPT Andrea Petrovanie-Green**, NMRTC Pearl Harbor named Senior Officer recipient of the Captain Joy Bright Hancock and Master Chief Anna Der-Vartanian Leadership Awards.

Established in 1987, the Captain Joy Bright Hancock and Master Chief Anna Der-Vartanian Leadership Awards are presented annually to honor the visionary leadership of Navy service members whose ideals and dedication foster an inclusive culture by furthering the integration of women into the Navy.

Candidates were nominated by their Commanding Officers and Officers-in-Charge with endorsements from their Immediate Superior in Command. The 2021 winners were then selected from over 130 high-caliber nominations by convening boards composed of OPNAV senior leaders.~



**LT Chip LeDuff**, DNP, RNC-NIC, NNP-BC, Mother and Infant Care Center, NMRTC Iwakuni, Japan, received the DAISY award for his commitment to competent and compassionate care. Read about his accomplishment here <https://www.daisyfoundation.org/daisy-award/honorees/lt-chip-leduff>



Additionally, LT LeDuff was also chosen for the 2021 National Association of Neonatal Nurses (NANN) Neonatal Nurse Practitioner Rising Star Award ! Official announcement of his selection will be made at the NANN Conference this October! Learn about this award here <http://nann.org/about/awards/nnp-rising-star-award>.

## Congratulations LT Kelly Kelleher and LT Demerce Young!

**LT Kelly Kelleher**, WRNMMC, was selected for this year's Health Professions Loan Repayment Program!

**LT Demerce Young**, NMRTC Portsmouth, was selected to be the first 1960 to represent Navy Medicine at the newly established UPenn partnership!